

**Utah Department of Workforce Services**  
Unemployment Insurance  
140 East 300 South  
P.O. Box 45288  
Salt Lake City, Utah 84145-0288  
TEL (801) 526-9400  
FAX (801) 526-9236



**AMENDED WAGE LIST**

EMPLOYER NAME AND ADDRESS		REGISTRATION NO. _____		
_____		FOR QTR ENDING _____		
_____		QTR _____ YEAR _____		
_____		PAGE 1 OF _____		
SOCIAL SEC. #	EMPLOYEE NAME	WAGES REPORTED ON WAGE LIST	CORRECT WAGES	DIFFERENCE
<b>TOTALS</b>				

**FOR OFFICE USE ONLY**

**Adjustments:**

- ☐ Wage Data Correction Only
- ☐ Reported to Wrong SS#
- ☐ Wages Overstated
- ☐ Wages Understated
- ☐ Other \_\_\_\_\_

**Deletions:**

- ☐ Family Member
- ☐ Member LLC
- ☐ Reported to Utah in error -  
Reportable to \_\_\_\_\_

JE # \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_